

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-8097



April 6, 1979

ALL-COUNTY LETTER NO. 79-20

TO: COUNTY WELFARE DIRECTORS

SUBJECT: TRANSFER OF MEDICAL SERVICES DELIVERY FROM IHSS TO MEDI-CAL

REFERENCE:

Effective April 1, 1979, with adoption of new IHSS program policy regulations, medical services currently being provided to some IHSS recipients will no longer be a part of the IHSS program scope of services. Responsibility for provision of some medical services may be assumed by Home Health Agencies under the Medi-Cal program. However, Medi-Cal will not be able to provide these medical services until each case is referred through the Medi-Cal system and a decision is reached as to whether that service will be covered under Medi-Cal.

The following special interim procedures will be necessary to insure that no disruption of essential services occurs.

To facilitate an orderly phasing-in of the changeover in responsibility for delivery of medical services to the Medi-Cal program, no action is to be taken by counties with regard to discontinuing medical services for current IHSS recipients until the time of the normal 6 month reassessment. At that time, the reassessment process for IHSS recipients identified as receiving medical services is to be held in abeyance and all currently authorized services continued pending the outcome of referral for Medi-Cal services. The referral process is described below. The 6 month reassessment requirement and service authorization limitation in regulation will be waived in this instance only for cases so affected. During this referral process each county will need to designate a contact person to function as a liaison with Medi-Cal.

Once the outcome of the Medi-Cal referral is made known to the county contact, the reassessment of the recipient's IHSS needs shall be completed by the caseworker as expeditiously as possible. For recipients whose medical service requests are approved by Medi-Cal, the effective date of the deletion of IHSS authorization for medical services shall coincide with the date Medi-Cal services begin. For recipients whose Medi-Cal requests are denied, the case will be referred back to the county welfare department for reassessment of service need consistent with the IHSS regulations effective April 1, 1979. If a decision is made to terminate services, this should be done as soon as administratively feasible, allowing for mandatory prior notification.

As of April 1, 1979 all applicants for IHSS who are determined also to need medical services should be referred to the Medi-Cal program as a normal Information and Referral service activity.

The screening and Medi-Cal referral process for current cases consists of a review of each recipient's need assessment form during the normal 6 month need assessment process to determine whether medical services are currently provided through IHSS. It is anticipated that very few persons are receiving medical services through IHSS. A 1978 sample survey indicated that a very small percentage of all recipients were receiving such services. A copy of the attached checklist must be completed for each case identified as receiving medical services through IHSS. To initiate the request for Medi-Cal services, a copy of the checklist and any relevant medical information in the case folder must be forwarded to the recipient's physician and a copy sent to the nearest Medi-Cal field office responsible for authorizing services in your county (list of field offices and areas of responsibility are enclosed).

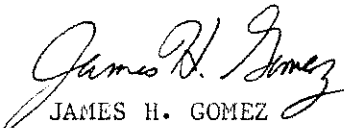
A sample transmittal letter is enclosed for your convenience. The physician will then determine whether continuation of the services under Medi-Cal is necessary and initiate a request for home health agency services as appropriate. If after 10 working days the caseworker has not been notified by the recipient's physician the caseworker should initiate a second contact. Medi-Cal will provide the county with a copy of the approval or denial notice. If you do not receive either notice of approval or denial within 45 days of the time the notice is mailed to the physician, and it is determined that the physician has requested an evaluation, you should contact the Medi-Cal field office to determine the status of the treatment request.

A supply of medical service checklists is enclosed for your use. Forms should be completed only for recipients currently receiving such services. Should you require more forms, please notify the contact person listed below as far in advance of the need as possible.

This letter has been developed by both the Departments of Social Service and Health Services to facilitate this changeover.

Please direct any questions regarding this notice to the contact person listed below.

Contact Person: Your County Program Management Consultant
Adult Services Program Operations Bureau
(916) 445-8724


JAMES H. GOMEZ
Deputy Director

Enclosure

cc: CWDA

Medical Services Screening Checklist

Instructions: For each IHSS recipient, review the case folder to determine if any of the services listed below are currently being provided through the IHSS program. If so, complete this form and check in the spaces indicated as appropriate.

It is not necessary to complete a form for each recipient unless medical services are indicated on the assessment form. If services are checked, please also enter the identifying information and diagnosis, (if noted in the recipient file) as indicated below.

Send copies of this completed form to the recipient's physician and the local Medi-Cal Field Office for use in ultimately determining whether some or all of the services should be provided through the Medi-Cal program.

Services Provided		Monthly Assessed Need (Nearest Qtr Hour)
<input type="checkbox"/>	Injections	<input type="checkbox"/>
<input type="checkbox"/>	Insertion of instruments or objects into the body such as catheters.	<input type="checkbox"/>
<input type="checkbox"/>	Changing of bandage, where medication must be applied or where sterile conditions must be met such as for burns or decubitis ulcers. Irrigation of sore or wound.	<input type="checkbox"/>
<input type="checkbox"/>	Physical therapy.	<input type="checkbox"/>
<input type="checkbox"/>	Irrigation of bladder.	<input type="checkbox"/>
<input type="checkbox"/>	Other medical services (specify) <u>1/</u>	<input type="checkbox"/>

TOTAL ASSESSED HOURS FOR
MEDICAL SERVICES _____

1/ Note: Do not include services which do not require specialized medical training such as: medical transportation and personal care services. With certain limitations, these services may be authorized through the IHSS program. Examples of other services which should not be listed include: assistance in taking medication, range of motion exercises, observation for fever, minor breathing troubles, contusion, nausea or faintness. These services are not provided by Medi-Cal or IHSS.

Name and address of recipient:

Recipient's Medi-Cal Number: _____

Recipient's Case Number: _____

County ID: _____

M

F

Sex:

☐☐

Date of Birth: _____

Medicare Eligible: YES _____ NO _____

Diagnosis: Attach photocopy of most recent evaluation.

Physician name _____
Address _____

Dear (attending physician)

Patient's Name
Address
Medi-Cal I.D. #

Your patient is currently receiving the medical services indicated on the enclosed checklist sheet under the In-Home Supportive Services (IHSS) program in this county. Recent changes in state regulations have eliminated these services from the IHSS program, and they may no longer be available to your patient in the very near future unless a suitable alternative is found. However, since our records indicate that the patient requires the services because of medical problems these services may be available through home health agencies under the Medi-Cal Program.

We are bringing this situation to your attention because under the Medi-Cal program, home health services are provided only on the prescription of a physician. Therefore, you may wish to request an in-home evaluation for this patient by a local home health agency so that essential services may be continued. To avoid disruption in service you should make the request as soon as possible.

If you do wish to request an evaluation, please contact a local home health agency in the patient's vicinity. If there are no home health agencies, or if none is able to do an evaluation, please contact the nearest Medi-Cal field office which will assist you in locating a Home Health Agency or in making alternate arrangements. See list of Medi-Cal Field Offices enclosed. Should you decide not to request an evaluation, please let me know as soon as possible so that we may reassess the IHSS service needs of this individual.

County In-Home Supportive Services Program
County Address
County Phone Number

MEDI-CAL FIELD OFFICES

ADDRESS	P.O. BOX	PUBLIC NUMBER
Tom Heerhartz, Chief Field Services Section Department of Health 714 P Street, Room 1618 Sacramento, CA 95814		(916) 445-9166
Medi-Cal Field Office 3374 East Shields Avenue Fresno, CA 93726 Fred Perkins, Acting Admin.		(209) 488-5614
Medi-Cal Field Office 107 S. Broadway, Room 9103 Los Angeles, CA 90012 Jerry Morales, Administrator	P.O. Box 30650 Los Angeles, CA 90030	(213) 620-4945
Medi-Cal Field Office 68 McHenry Village, Suite 27 B Modesto, CA 95350 Fred Perkins, Acting Admin.	P.O. Box 4770 Modesto, CA 95352	(209) 526-9404
Medi-Cal Field Office 2400 Washington Plaza, Suite 220 Redding, CA 96001 Mark Helnar, Administrator		(916) 246-6234
Medi-Cal Field Office 2424 Arden Way, Building D Suite 100 Sacramento, CA 95825 Mark Helnar, Administrator		(916) 920-6865
Medi-Cal Field Office 3704 State Street, Room 301 Santa Barbara, CA 93105 A. Sally Coats, Acting Admin.	P.O. Box 30320 Santa Barbara, CA 93105	(805) 682-2452
Medi-Cal Field Office 606 East Hill Street San Bernardino, CA 92408 Bernard Garfinkel, Administrator		(714) 383-4192
Medi-Cal Field Office 6153 Fairmont Avenue, Room 101 San Diego, CA 92120 Jim Jenkins, Administrator		(714) 237-7431
Medi-Cal Field Office 100 Mission Street, 9th Floor San Francisco, CA 94105 Joan Vaughan, Administrator	P.O. Box 3704 San Francisco, CA 94119	(415) 557-2770
Medi-Cal Field Office 508 - 16th Street, Room 515 Oakland, CA 94612 Ralph Hetz, H.D., Acting Admin.		(415) 464-1000
Medi-Cal Field Office 111 North Market Street, Room 400 San Jose, CA 95113 John Azevedo, Administrator		(408) 277-1755
Medi-Cal Field Office 2800 Cleveland Avenue, Suite 9 Santa Rosa, CA 95401 Sandy Hodgins, Acting Admin.		(707) 542-6344

MEDI-CAL FIELD OFFICES
Counties of Responsibility



REDDING

Butte County
Glenn County
Lassen County
Modoc County
Plumas County
Shasta County
Siskiyou County
Tehama County
Trinity County

SACRAMENTO

Alpine
Colusa County
El Dorado County
Nevada County
Placer County
Sacramento County
Sierra County
Sutter County
Yolo County
Yuba County

MODESTO

Amador County
Calaveras County
Merced County
San Joaquin County
Stanislaus County
Tuolumne County

FRESNO

Fresno County
Kern County
Kings County
Tulare County
Madera County
Mariposa County

SANTA ROSA

Del Norte County
Humboldt County
Lake County
Mendocino County
Napa County
Solano County
Sonoma County

SAN FRANCISCO

Marin County
San Francisco County
San Mateo County

OAKLAND

Alameda County
Contra Costa County

SAN JOSE

Monterey County
San Benito County
Santa Clara County
Santa Cruz County

SAN BERNARDINO

Inyo County
Mono County
Orange County
Riverside County
San Bernardino County

LOS ANGELES

Los Angeles County

SANTA BARBARA

San Luis Obispo County
Santa Barbara County
Ventura County

SAN DIEGO

Imperial County
San Diego County